

SERIAL NUMBER 09/005,710	FILING DATE 01/12/98	CLASS 204	GROUP ART UNIT 1741	ATTORNEY DOCKET NO. SELF.P-005-2
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APPLICANT

JEROME F. MCALEER, WANTAGE, UNITED KINGDOM; DAVID SCOTT, WITNEY, UNITED KINGDOM; GEOFF HALL, INVERNESS, UNITED KINGDOM.

****CONTINUING DOMESTIC DATA*******
VERIFIED THIS APPLN IS A CON OF 08/601,223 02/14/96 PAT 5,708,247
B7b

****371 (NAT'L STAGE) DATA*******
VERIFIED
B7b none

****FOREIGN APPLICATIONS*******
VERIFIED
B7b none

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GBX	SHEETS DRAWING 8	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>B7b</u> <div style="display: flex; justify-content: space-between;"> Examiner's Initials Initials </div>				

ADDRESS

OPPEDAHL & LARSON #6
~~1992 COMMERCE STREET~~
~~SUITE 309~~
YORKTOWN HEIGHTS NY 10598-4412

TITLE

DISPOSABLE GLUCOSE TEST STRIP AND METHOD AND COMPOSITIONS FOR MAKING SAME

FILING FEE RECEIVED \$920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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Printed 05/06/1999

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APPLICANT JEROME F MCALEER, WANTAGE, UNITED KINGDOM; DAVID SCOTT, WITNEY, UNITED KINGDOM; GEOFF HALL, INVERNESS, UNITED KINGDOM; MANUEL ALVAREZ-ICAZA, INVERNESS, UNITED KINGDOM; ELLIOT V PLOTKIN, INVERNESS, UNITED KINGDOM.				
CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CON OF 08/601,223 02/14/1996 PAT 5,708,247				
371 (NAT'L STAGE) DATA*** VERIFIED				
FOREIGN APPLICATIONS*** VERIFIED				
FOREIGN FILING LICENSE GRANTED 05/06/1999				
Foreign priority claimed O yes O no 35 USC 119 (a-d) conditions met O yes O no O Met after Allowance Verified and acknowledged _____ Examiner's Name Initials		STATE OR COUNTRY GBX	SHEETS DRAWINGS 8	TOTAL CLAIMS 2
		INDEPENDENT CLAIMS 1		
ADDRESS OPPEDAHL AND LARSON LLP P O BOX 5270 FRISCO , CO 80443-5270				
TITLE DISPOSABLE GLUCOSE TEST STRIP AND METHOD AND COMPOSITIONS FOR MAKING SAME				
FILING-FEE RECEIVED \$**920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit	